



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
July 2005

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Intrepid U.S.A, Inc.	Kalispell	Expansion of HHA into Powell County	None reported	4/12/05	5/05	No	9/8/05					
Hi-Line Retirement Center	Malta	Transfer of ownership of Evangelical Lutheran Good Samaritan LTC	None reported	7/11/05	7/05	NR	N/A	N/A	NR	NR	NR	NR

LEGEND:

ASC-Ambulatory Surgical Center
CDU-Chemical Dependency Unit
CO-County
CR-Comparative Review
DEC-Decision
DISMISS-Appeal dismissed
FAC-Facility
N/A-Not Applicable

H-Hospital
IHS-Indian Health Service
LOI-Letter of Intent
LTC-Long-Term Care
MTH-Month of Notice
NH-Nursing Home
NR-Non-Reviewable Project

R-Reconsideration Hearing/Date
REQ-Request
TBA-To Be Announced
TBI-Traumatic Brain Injury
10/10-Ten Bed/Ten Percent Rule (MCA 50-5-301)
N-Disapproval Y-Approval or Yes
DATES-Month/Day/Year

* First-year operating cost for home health agencies